PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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27752 759	0 11/30/2005						
THE PROCTER & GAMBLE COMPANY				Co	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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6110 CENTER HILL AVENUE CINCINNATI, OH 45224						(Depositor's name)	
				-		(Signature) (Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVE		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
1		Duit Plan IV			1		
09/759,551	01/12/2001		David Edward	Wilson	8395	1166	
TITLE OF INVENTION: EL	ECTROSTATIC SPRAY I	DEVICE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$0		\$0	\$ 0	02/28/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	SS		
NGUYEN, DINH Q		3752		239-690000			
1. Change of correspondence	address or indication of "F	ee Address" (37	2. For printing	on the patent front page,	list		
CFR_1.363).		ì	(1) the names	of up to 3 registered pat	ent attorneys 1		
Change of corresponde	nce address (or Change of	Correspondence	or agents OR,	alternatively,	-		
Address form PTO/SB/12	2) attached.		(2) the name of	f a single firm (having a	s a member a 2		
	on (or "Fee Address" Indica		registered atto	rney or agent) and the na itent attorneys or agents.	mes of up to		
Number is required.	r more recent) attached. Us	e of a Customer	listed, no nam	e will be printed.	11 110 flatfic 13 3		
							
3. ASSIGNEE NAME AND			-	** .			
PLEASE NOTE: Unless	an assignee is identified b	elow, no assignee	data will appear	on the patent. If an assi	gnee is identified below, the o	locument has been filed for	
recordation as set forth in	37 CFR 3.11. Completion	of this form is NO	I a substitute for	hling an assignment.			
(A) NAME OF ASSIGNE	E		(B) RESIDENC	E: (CITY and STATE OF	(COUNTRY)		
PROCTER & GAMB	LE COMPANY THE	:	(TNCINNATT OUT	0		
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4a. The following fee(s) are e	enclosed:	41	. Payment of Fee	(s):			
Lssue Fee			A check in th	e amount of the fee(s) is	enclosed		
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		ea)	The Director	credit card. Form PTO-20	38 is attached.	edit any overpayment, to	
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Advance Order - # of 5. Change in Entity Status (a. Applicant claims SN	from status indicated above MALL ENTITY status. See	e) 37 CFR 1.27.	The Director Deposit Acco	is hereby authorized by unt Number	38 is attached. here the required fee(s), or cre (enclose an ext	FR 1.27(g)(2).	
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